Procedures for Medication Distribution

Herndon Parks and Recreation Department

Purpose

To provide for the safe distribution of medication to youth participants attending Herndon Parks and Recreation Department programs.

Staff authorized to accept and distribute medication: Recreation Services Supervisor, Camp Director, Head Leader and Leader.

Procedures

- 1) Parent/guardian(s) must bring in medication. Camp Director (or designee above) must check to ensure that the original prescription label is on the medicine (this label must include the child's full name, medication's name, amount to be distributed, frequency of distribution, doctor's name, and pharmacy's name and phone number). If the child's medication is over-the-counter, the medicine must be in its original (store-labeled) container, marked with the child's full name, and accompanied by a valid prescription.
- 2) Medication will only be kept for a week. Medication will not be kept over the weekend. Parents must drop off medication and complete a medication form on a <u>weekly basis</u>. Participants will not be given expired medication. Unclaimed medications will be disposed of by the Herndon Police Department.
- 3) When the parent/guardian brings in the medication they are required to complete a Herndon Parks and Recreation Department Parent/Guardian Request for Distributing Medication Form. The **Camp Director** will check to make sure that the instructions on the original prescription match the instructions provided on the Herndon Parks and Recreation Department Parent/Guardian Request for Distributing Medication Form. If the instructions differ, the medicine will not be distributed to the child until a doctor's note, authorizing the change in the prescription's instructions, is provided.
- 4) Once the medication and form have been checked, the child's picture will be taken with a digital camera. The picture will be attached to the medication container. The medication (with attached photo) and the medication form will be placed in a sealable plastic bag(s) and sealed. Each medication and form goes into a separate sealable plastic bag. The sealable plastic bag(s) will then be placed in a locked box.

Each site will have a designated locked box stored in the office for non-refrigerated medications and a locked box located in refrigerator for refrigerated medications. (Medications kept in refrigerators may never be stored next to food at any time.) The only staff that will have access to the keys for these lock boxes are as follows:

Camp Director, Head Leader and Leader, Recreation Services Supervisor

- 5) Two staff members (primary and secondary) are designated to distribute medications. The primary staff member is in charge of ensuring that the daily medication is distributed on time. In the event the primary staff member is unavailable to fulfill this task, the secondary staff member is then responsible for this task. That staff member will have a list of all of the children in camp and the time that they need their medication. When it is time for the child to receive their medication, a counselor will walk them to office where the medication is kept. The staff member that is distributing the medication will do the following in the presence of another staff member:
 - ✓ take the medicine out of the locked box
 - ✓ check the information and photo to make sure that it is the correct child
 - ✓ double-check the medication information to make sure of the time and dosage
 - ✓ give the child the instructed amount of medication

- ✓ watch the child to make sure that the medication is taken correctly
- ✓ mark down on the child's medication log (day, time, amount, staff initials)
- ✓ place the medication back in the sealable bag and in the locked box, and,
- ✓ secure the lock on the locked box
- 6) A child's absence will be recorded on the daily log sheet so that it shows that they were absent from camp and that no medication was distributed.
- 7) Upon a child running out of medication, the parent/guardian(s) should be notified immediately and their response should be logged.
- 8) Whenever a child refuses to take the medication as distributed by staff, parent/guardian(s) will be notified immediately by phone. Comment(s) and time should be noted in the record.
- 9) In the event medication was not given at the time indicated on the medication distribution form, staff must immediately call and notify the parent/guardian(s). Staff must check the instructions with the parent/guardian(s) before distributing the medication past the scheduled administration time.
- 10) Staff shall make sure that the child's Camp Leader is aware of the child's adverse reactions listed on the medication distribution form. If the child demonstrates any of the listed adverse reactions, immediately call the parent/guardian(s) and paramedics (if necessary).

Field Trips

- 1) On field trips, medications must be brought and kept under lock and key. Camp Director will have the medications with them in a locked box. If any of the medications must be refrigerated, they will be kept in a small cooler with ice packs that are under lock and key.
- 2) Before dividing up at the field trip site, the Camp Director will make sure that there is an arranged meeting place and time to meet the group leaders that have any child(ren) in their group that must get medication during the field trip.

Parent/Guardian Request for Distributing Medication Herndon Parks and Recreation Department

Child's Name				Program/Camp			
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		creation Depart I and this form			•	child(ren) if th	ne above
I request that my child,				,	be distributed	the following r	nedication:
Name of Medication	Dosage	How Many Times Per Day	Time of day to be given (indicate range OR specific time)	Special Instructions (storage)	Adverse Reactions to Watch For	Days/Dates to be given	Date of Expiration
			am/pm to				
			am/pm				
			am/pm to				
			am/pm				
I, parent/lega		horize the prog	gram to admini 	ster the medica	ation as specifi	ed as above to	
	Child's Name						
Parent/Guardian Name (Print)				Parent/Guardian Signature Date			
Work Phone Number				Home Phone Number			
Cell Phone_							
Doctor's Name				Doctor's Phone Number			